mation

B.

TION

state

of infor-

(Year)

Date of onset

If more blanks are needed, address Sigle Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1	-	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
7 7 7 3:			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONA	L SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
ADDITIONA.	L SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

mation should be carefully supplied.

-WRITE PLAINLY,

V. S. No. 1 N. B.

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—CERTIFICATE OF DEATH	10023
. PLACE OF DEATH	

1. PLACE OF DEATH		(50)
County Cecil		Registration Dist. No.
Village or City nurth	East Md	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death		ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Mary	E anders	M.
(a) Residence: No. No.	2 Cast, Md (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale White	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month), Q (Day) 193 3 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Audrew	uderson	1 HEREBY CERTIFY. That I attended deceased from 1933, to cut q, 1933
6. DATE OF BIRTH (month, dey, and year)	il 24/806	I last saw he elive on let 9, 19.33; death is said
7. AGE Years Months	Deys If LESS than 1 day, hrs.	to have occurred on the date stated above, et. 3 - V. m.  The PRINCIPAL CAUSE OF DEATH and retated causes of importance
8. Trade, profession, or particular	/ O or min.	were as follows:  Caracuman Cels Regust Date of onset
kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc.	usewife	vice hetarland to be
SAWYER, BODKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  1D. Date deceased last worked et this occupation (month end		
1D. Date deceased last worked et this occupation (month end year)	11. Total time (years) spent in this occupation	
) year)	Oc.u pation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)  (State or country)	64 004 0	Juliumany Clalenn
E 13. NAME Jacoh	Hardy	
14. BIRTHPLACE (city or town)	In t	Name of operation Oate of
(State or country)	Jenna-	What test confirmed diagnosis? Was there en autopsy?
E 15. MAIDEN NAME		23. If death was due to external causes (VIOLENCE) filt in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Leverd	Accident, suicide, or homicide? Date of Injury, 19  Where did Injury occur?
17. INFORMANT Andrew (Address)	East ma	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL ME.	bate Olch 11, 193	Manner of injury
19. UNDERTAKER DOUBLE TO STATE (Address)	asond	24. Was disease or injury in any way related to occupation of deceased?
20. FILED / O - 1/1 - 33,19 Les	C. Quecus Registrar.	(Signed) & -Ce-Curlcull M. O. (Address) Was Gunt, Wal

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	of importance were as follows:	Date of Orset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921 July 5,1927	1921 Run over by street car July 5,1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds. Length of rasidence in city or town where death occurred. 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the werd) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Days If LESS than Months to have occurred on the data stated above, at, 1 day, \_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or ..... min. 8. Trade, profession, or particular OCCUPATION kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Ladustry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Dato deceased last worked at II. Total tima (years) this occupation (month and spent In this occupation 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) ... (State or country) MOTHER 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVA MOLL 19. UNDERTAKER (Address) (Signad).

(Year)

Date of onset

That I attended deceased from

(Day)

eordits
Data of
Was thera an au'opsy?.
ENCE) fill in also tha following: Date of injury, 19. y city or town, county and State) Y, in HOME, or in PUBLIC PLACE.

Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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STATE	OF	MARYI	AND-	CERTI	FICATE	OF	DEATH
SIAIL		IAIVIVI	AIND.	CLIVII	1 10/11		

STATE OF MARYLAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH .	948
County Cecil	Registration Dist. No. 9.3
Village or City Cherry Hill	No. St., Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number) os. ds. How long in U.S. if of foreign birth?
A . 1 ( )	tal
2. FULL NAME Daniel	St., Ward.
(a) Residence: No. Charage of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Warreld	21. DATE OF DEATH October 9 , 193 3 (Year)
5a. If married, Widowed, or divorced HUSBAND of (or) WIFE of  Mary Haraan	22. PHEREBY CERTIFY That I attended deceased from P 1933
6. DATE OF BIRTH (month, day, and year) Jah 7 1867	I last saw him alive on Oct 9 ,1933; death Is said
7. AGE Years   Months   Oays   If LESS than	to have occurred on the date stated above, at 94m.
76 9/ 2 1 day, hr	S. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, os SPINNER,	Coronary embolism 19-3
SAWYER, BOOKKEEPER, etc.  9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spent in this	0
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date decased last worked at this occupation (month and year) occupation occupation	
12. BIRTHPLACE (city or town) Cient County (State or country)	Other Contributory Causes of Importance:
13. NAME Joseph Carty	
13. NAME TO Seph Carty  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Date of What test confirmed diagnosis? Have Was there an autopsy? No
15. MAIDEN NAME Elizabeth Janigan	23. If death was due to external causes (VIOLENCE) fill in also the following:
E CONTROL CONTROL	Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) Cycling (State or country)	Where did Injury occur?
17. INFORMANT Describe Clarky fr. (Address) 6 fotos (RM) 5 mg	(Specify eity or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place herry Hell ME am Date Clery 1 19 5	Nature of injury
19. UNDERTAKER S. G. with 45 on	24. Was disease or Injury In any way related to occupation of deceased?
retuings a s great	(Signed) A Morusou M. D.

(Address) \_\_\_\_\_

Registrar.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 4 3			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year
No.			
	1		

ADDITIONAL SPACE FOR FURTHER STATEM	ENISE	Y PHYSICIAN
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1. PLACE OF DEATH		82.0		Gr	040
County Cect			Registration Dist.	No.	
Village or City will	east	No. death occurred in a hospital or instituti	ion, give its NAME inst	ead of street and n	Ward
Length of residence in city or town where death o					
2. FULL NAME Rachel	E Cole				
(a) Residence: No.	(Usual place of abode)	St., Ward.	If nonresident give o	city or town and	State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CE	ERTIFICATE OF	FDEATH	
Temal Colored !	INGLE, MARRIED, WIDOWED, R DIVORCED. (write the word)	21. DATE OF DEATH	Oct (Month)	(Day)	, 193 3 (Year)
5a. If married, widowed, or divorced HUSBAND of William France (or) WIFE of William France			CERTIFY.	t 11	,1933
6. DATE OF BIRTH (month, day, and year)	20, 1850	I tast saw he alive on		0 ,1933	death is sald
7. AGE Years 82 Months	Days  If LESS than  1 day,hrs.  ormin.	to have occurred on the date stated. The PRINCIPAL CAUSE OF DEATH were as follows:			Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	How	арор	lefy		10-10.3
Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town)	of County	Ortures S	leras		1931
TI 13. NAME					
13. NAME  14. BIRTHPLACE (city or town)		Name of operation		Date of	
(State or country)		What test confirmed diagnosis?		Was there an a	utopsy? 200
15. MAIDEN NAME	wid	23. If death was due to external cause	ses (VIOLENCE) fill in	also the following	:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)		Accident, suicide, or homicide? Where did injury occur?			
17. INFORMANT ) tavy Cole (Address)	ili East hid	Specify whether injury occurred in	INDUSTRY, in HOME,	or In PUBLIC PLA	ČÉ.
18. BURIAL, CREMATION, OR REMOVAL, Place At Marles 9 U M Da	1e Oct 16 1933	Manner of injury			
19. UNDERTAKER Joseph R. S. (Address)	rank Least md	24. Was disease or Injury in any wa	ay related to occupation	of deceased?	no
20, FILED 10-18-33, 19 Lus le	S. Quell Registrar.	(Signed) (Address) Rea	The Ear	et,	n.D.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

N. B.

	County Cecil	Registration Dist. No.	
	Village or City warnick	No.	Wa
	me. (If	death occurred in a horpital or institution, give its NAME instead of street and number ds. How long in U.S. If of foreign birth?yrsmos	er)
		yisyismos	
2.	FULL NAME Mary agness Dors		
	(a) Residence: No. White Charles (Usual place of abode)	OSt., Ward.  If nonresident give city or town and State	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	Terrale cohile OR DIVORCED (write the word)		3 (Year)
5a. I	f married, widowed, or divorced HUSBAND of (or) WIFE of		ised fr
6. D.	ATE OF BIRTH (month, day, and year) May 14-1858	I last saw here alive on Octo 13 , 1933; dea	th is s
7. A	GE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at SP.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	
1	/ U 4 27 ormin.	ware as fallows:	e of one
NO	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Caucer of Siver	?
OCCUPATIO	A Industry or business in which		
	work was done, as SILK MILL, SAW MILL, BANK, etc.		
5	Date deceased last worked at this occupation (month and year)		
	200	Other Contributory Causes of Importance:	
12. 1	(State or country)		
	13. NAME Patrick Dorsey		
FATH	14. BIRTHPLACE (city or town)	Name of operation Date of	
	(State or country) Seland	What test confirmed diagnosis? Was there an autops	y? Z
T I	15. MAIDEN NAME Honora Shehan	23. If death was due to external causes (VIOLENCE) fill in also the following:	
2	16. BIRTHPLACE (city or town) State or country)	Accident, suicide, or homicide? Date of injury,	19
- 1	H. A.	Where did injury occur?(Specify city or town, county and State)	
17.	(Address) ywanick mid.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. B	Place Id Delimin. Mel Date Oct. 16, 1933	Manner of injury	
19. U	INDERTAKER J. a. Tobin + Sm. (Address) middlesspo del.	24. Was disease or Injury in any way related to occupation of deceased? Zo	
	Art 16 33 Are	(Signed) Worsey W. Lewis	- M

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Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEM	ENTS	BY	PHYSICIAN	į
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10028
1. PLACE OF DEATH	107
County Cock	Registration Dist. No. 46
Village or City Cerry Comb	No. 1093 4th St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Mary 6 legaleth	Ehle
(a) Residence: No. 10931 4th (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OB DIVORCED (write the word)	21. DATE OF DEATH Oct. B
5a. If married, widowed, or dispreed.	(Month) (Oay) (Year)
(or) WIFE of Fafayette to he	22. I HEREBY CERTIFY, That I ettended decaased from
6. DATE OF BIRTH (month, day, and year) July 2. 1851	I last saw here alive on October 19,33 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4 4 4 m.
82 3 2 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, forme Dutie SAWYER, BOOKKEPER, etc.	from menoning
kind of work done, as SPINNER, fourse Date SAWYER, BOOKKEEPER, etc	<i>( ( ( ( ( ( ( ( ( (</i>
10. Oate deceased last worked at this occupation (month end contain year)  11. Total time (years) spent in this occupation occupation	
12. BIRTHPLACE (city or town) Maples (State or country)	Other Contributer Canses of importance:
13. NAME John Whitishes	
14. BIRTHPLACE (city or town) Heart York	Name of operation Oate of
(State or country)	What test confirmed diagnosis? Wes there en autopsy?
15. MAIOEN NAME Lee  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external ceuses (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?
17. INFORMANT Ms. aliel Rolfins (Address) 093 444 St. Perry Voint, Ind.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL J. Date Oct 3, 1933	Manner of injury
19. UNDERTAKER ! Madison Mitchell (Address Favre de Grage Md.	24. Was disease or injury in any way related to occupation of deceesed?
20. FILED 013 , 1933 To Daudes. Registrar.	(Signed) Address) First Found M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	İ	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
NOV 2 1033			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

RECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING WITH UNFADING INK-THIS IS A PERMANE TION is very important. See instructions on back of certificate. -WRITE PLAINLY, N. B.

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	10043
County Lead	Registration Dist. No. 94
	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth? yrsmos ds.
2. FULL NAME Henry Terquiso	
(a) Residence: No. ON Cash Ma (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) , 1933 (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Pachel a Mc Tinney	22. OI HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, end year)	l last saw h Assalive on October 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et. 4:200 Exc
7 2 1 dey, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Woodsman	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	Carcuoma
SAW MILL, BANK, etc. 11. Total time (years)	174
O 10_Date deceased last worked at this occupation (month and / occupation occupation)	L'Homach
	Other Contributory Causes of Importance:
12. BfRTHPLACE (city or town)  (State or country)  Management	
# 13. NAME William Ferguson	( acrupu
4 14. BIRTHPLACE (city or town)	Neme of operation Date of
(State of country)	What test confirmed diagnosis? Was there an eutopsy?
I 15. MAIDEN NAME Catherine Marks	23. If death was due to external causes (VIOL ENCE) fill In elso the following:
15. MAIDEN NAME (atherine Marks  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
17. INFORMANT Auchel Luguron (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL M. E. Date Out 15., 19.3.	Manner of injury
19. UNDERTAKER Joseph Offices (Address) Livelly East hid	24. Wes disease or injury in eny way related to occupetion of deceesed?
20, FILED / 0 15, 19 8 Les Ut. Que Registrar.	(Address) Johnson dell Search

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, hame other important diseases or injuries. Examples:

Example I	27	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attock of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhoge	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gostroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	0.9.0
1. PLACE OF DEATH	23)	050
County Cecil:	Registration Dist. No.	1
Village or City Elector Vicion Hospi		Ward
(If Length of residence in city or town whara death occurred 2.6_yrsmos.	death occurred in a hospital or institution, give its NAME instead of street and numds. How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME Mary Magdalen 7-	lanes	
(a) Residence: No. W Guerral (Usual place of abode)	St., Ward.  If nonresident give city or town and Sta	ite
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3, SEX 4. COLOR OR RACE Female: 4. COLOR OR RACE OR DIVORCED (write the word) Manual	21. DATE OF DEATH October 27, 15 (Month) (Day) 7, 15	(Year)
5a. If married, widowed, or divorced HUSBAND of David O Haires	22. I HEREBY CERTIFY, That I attended dec Oxtobur 25 1933 to October 27	eased from
6. DATE OF BIRTH (month, day, and year) Mcl 10 1907	32	eath is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5 a.m.	
26 7 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca wera as follows:	ate of onset
8. Trade, profession, or particular kind of work done, as SPINNER Housewife SAWYER, BOOKKEEPER, etc.	The same of the sa	W 25,53
Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	PALT	
kind of work done, as SPINNER,  SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Dato deceased last worked at this occupation (month and yaar) yaar)  Occupation	Vulmonary respectations	
12. BIRTHPLACE (city or town) Elkton (State or country) many land	Othar Coutributory Causes of Importanca:	
13. NAME John Joseph Powell  14. BIRTHPLACE (city ontown) Chasopeake, City	Nama of operation Nove Date of	
(State or country) Maryland	What tast confirmed diagnosis? Clerical Was there an au'o	nev?ke
15. MAIDEN NAME Many Reston	23. If daath was due to extarnal causes (VIOL ENCE) fill in also the following:	
16. BIRTHPLACE (city or town) // Salturor (Stata or country)	Accident, suicide, or homicide? Date of injury	., 19
17. INFORMANT William Tetter (Address) Elston md	Whara did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place El Klore Correctory Date Och 30, 1933	Manner of injury	
19. UNDERTAKER HOTELER (Address) Elkton prd	24. Was disease or injury In any way related to occupation of deceased? 24. If so, specify	ρ
20. FILED Get 28, 1933 for Frank frager Redistrar.	(Signed) Very Chesapeake City Hell	M. D.
If more blanks are needed, address State Registrar.	2411 N Charles Street Baltimore Requesting 7) S No. v	515

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	-	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
EGR. AU V.			
Other contributory causes of importance:	A. 11 mm	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

nfor- state JPA-	STATE OF MARYLAND	CERTIFICATE OF DEATH	0031.
	1. PLACE OF DEATH	940	14 2202
ourld occ	County Ceci/	Registration Dist. No.	- (X 42
item of should of OCC	Village or City E/Kton RFD#5	No. St., f death occurred in a hospital or institution, give its NAME instead of street and	Ward
	Length of residence in city or town where death occurred	sds. How long in U.S. If of foreign birth?rsr	nosds.
PHYSICIANS	2. FULL NAME Imma G Hathaw	a.y	
JRD. J HYSIC	(a) Residence: No. Elktom (RFD#5)	. St., Ward.	
HY S	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town an  MEDICAL CERTIFICATE OF DEATH	d State
RECO. PH Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
	Female White OR DIVORCED (write the word) Married.	October 2 nd (Month) (Day)	, 193 3 (Year)
BINDING PERMANE EXACT	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of T N. II. 6 He 4 he was N	22. I HEREBY CERTIFY, That I attended	d deceesed from
ND NA XA class	(or) WIFE of J. Willis Hathaway	Oct 1st ,1933, 10 Oct. 2 no	
BID	6. DATE OF BIRTH (month, day, end year) April Bund.	I last saw h er alive on Oct 1 st ,19 3.	e ; deeth Is said
R A P ed	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, etm.	
FOR IS A I stated properl	0 0 0 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	Date of onset
70	8. Trede, profession, or particular kind of work done, es SPINNER, Howse Keeper SAWYER, BOOKKEEPER, etc.	Coronory Thrombosis	>>
VE TH	kind of work done, es SPINNER, Howse Koejoer  SAWYER, BOOKKEFPER, etc.  9. Industry or business in which work wes done, es SILK MILL. SAW MILL, BANK, etc.  10. Date deceased lest worked at this occupation (month end (a) = 1.1. Total time (years) this occupation (month end (a) = 1.1. Total time (years) separt in this	Coronory /nromposis	20-2-33
SERVI NK_T] should it may	9. Industry or business in which work wes done, es SILK MILL. Own Home SAW MILL, BANK, etc	-	
Si E Si to	Spontin this 32	5	
RES I AGE that		Other Contributory Causes of Importance:	
	12. BIRTHPLACE (city or town) Wilmington Del.  (State or country)	La Grippe	0.4
ARGI INFA pplied erms,	2 CH 13. NAME	Bu Grippe	9-30-33
4 5 5		Name of operation Date of	**
	14. BIRTHPLACE (city or town)	What test confirmed diagnosis?	
	E 15. MAIDEN NAME	23. If deeth wes due to external causes (VIOLENCE) fill in elso the following	
	15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury	, 19
INLY, be car EATH	Odu (State or country)	Where did injury occur?	nto)
PLAD	17. INFORMANT WILLIS HATH a WAY  (Address) ELKTON, W.d.	(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC P	LACE.
F PLA Should OF D	To: Bottine, one morne	Menner of injury	
	Place WILNING TON, DEL Date O.C.T. 3 1933	- Nature of injury	
1 -WRITE mation sh	19. UNDERTAKER A. D. Westerstung	24. Wes disease or injury in any way related to occupation of deceesed?	NU
No. 1	(Address) Eliston, ma	If so, specify	
V. S. No. 1	20, FILED 0/2 1993 In frank Frages	(Signed) fallace Try huso	M. D.
> 4	Registrar.	(Address) New ays Delaw	race
	/ If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example 1		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		TO CALL STATE	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL CDACE DOD DUDDIND OF AUTHORITY DAY DAYS OF AN

DDITIONAL SPACE FO	,10 1 0 10 11 11 11 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DI THI BIOIMI	

Registrar.

more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

BINDIN

FOR

MARGIN RESERVED

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Gallstones	May 1,1923	Gastroenteritis	1 year
/			

BINDIN

1. PLACE OF DEATH

STATE OF MARYLAND—CERTIFICATE OF DEATH

Registration Dist. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1
- Constitution - Cons	mug 1,13%0	anon venter to	1 year

Exact statement of OCCUPA-

stated EXACTLY.

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

-WRITE PLAINLY,

pe

AGE should be

1. PLACE OF DEATH	
County Cecil	Registration Dist. No.
Village or City Chesopeake aly	No. St Ward
(II	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mary Emma /14	Jerson
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH OF TAKE 31 3
Terrate White married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. A LIVEREBY CERTIFICATION et angled decaasad from
(or) WIFE of James R fefferson	22. OF THEREBY CERTIFY They ettambed decasad on 1937
6. DATE OF BIRTH (month, day, and year) June // 187/	I last saw her aliva on October 3/19 33 death is said
7. AGE Yaars Month's Days If LESS than	to have occurred on the date stated above, at $6^{3}P_{\rm cm}$
6 2 1/ 20 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causas of Importance
8 Trade profession or particular 2	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER ASSET SAWYER, BOOKKEPER, etc.	( prelicano 1 the
9. Industry or business in which	4
work was dona, as SILK MILL, SAW MILL, BANK, etc.	weens with 150,
O 10. Date dacaased last worked et this occupation (month and spant in this	not estach
year) occupation	Other Contribution Comment Immediates
12. BIRTHPLACE (city or town) Delaware City	Other Contributory Causes of importance:
(State or country) Delaware	
13. NAME Frances & Loboube	
14. BIRTHPLACE (city or town) no tuformation	Nama of operation. One Date of
(State or country) France	What test confirmed diegnosis? Clear was there an autops He
# 15. MAIDEN NAME many & Eagle	23. If death was due to axternal causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME May & Eagle  16. BIRTHPLACE (city or town) To reformation  (State or country)	Accident, suicide, or homicide? Date of Injury, 19
(Stata or country) Delaware	Whare did injury occur?
Janes R I flesson 1	(Specify city or town, county and State) Spacify whethar injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
17. INFORMANT (Addrass) Cheschelotte City Ind	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Dethel Ceculey, Data Now 3, 1933	
H Working	24. Was disaase or injury In any way ralated to occupation of deceased?
19. UNDERTAKER (Address) Elkton 2nd	If so, specify
20 = 12 11 12	(Signed) being Navis. M.D.
20. FILED MeV. 3, 1933 B. Haward Brown Registrat.	(Address) Chestado al o Cet 140
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

e of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
ly 5,1927	Peritonitis	3 days ago
ıy 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
71	y 5,1927	Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHY	SICIAN
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mation should be carefully supplied. AGE should be stated EXACTL

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

PHYSICIANS should state

Exact statement of OCCUPA-

properly classified.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-0
County Eeeil	Registration Dist. No. 92
Village or City Elector	No. St., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
9117014	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Caward M John	usou ,
(a) Residence: No. (Uaual place of /sbode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (wrighthe word) Single	21. DATE OF DEATH  25 (Month) (Day) (Year)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY That Justianded deceased from
6. DATE OF BIRTH (month, day, and yaer) 25 1853	I lost saw have alive on O-A-125 - 1933; death is said
7. AGE Years Months Days If LESS than	to heve occurred on the data statad above, at. 1.30 P:-m.
79 // 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH end related causes of importance ware as follows:
8. Trada, profassion, or particular kind of work done, as SPINNER, Altired SAWYER, BOOKKEEPER, etc.  9. Industry or business in which as work was done, es SILK MILL, county new happens of the december of the county of the coun	Costrafolisin
o this occupation (month end year)  12. BIRTHPLACE (city or town)  Spant in this 40 year)	Other Coutributory Causes of Importance:
13. NAME Daniel W Johnson	
13. NAME Daniel W Johnson  14. BIRTHPLACE (city or towns nace)  (State or country)	Name of operation
	What test confirmed diagnosis? Was there an au'opsy?  23. If daath was dua to axternal causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Olivia Walsh  16. BIRTHPLACE (city or town) Conford  (Stata or country) England	Accident, suicide, or homicida?
17. INFORMANT huis they about Tomesone (Address) Election 240	Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Liter Cemetry Date Cet 27, 1933	Manner of injury
19. UNDERTAKER HOLDEN (Addrass) Electory my	24. Was disaase or injury In any way related to occupation of dacaasad?  If so, specify
20. FILED COX 26 , 1933 f frank tronger Registrar.	(Signad) M. D.  (Address) Zee

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
DUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

PHYSICIANS should state RD. Every item of inforof OCCUPA. Exact statement properly classified. BINDING mation should be carefully supplied. AGE should be stated EXACT TH UNFADING INK-THIS IS A PERMANE FOR CAUSE OF DEATH in plain terms, so that it may be MARGIN RESERVED TION is very important. See instructions on back of -WRITE PL.

N. B.

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 1003
1. PLACE OF DEATH	82:0
county Cicil Corynly	Registration Dist. No. 90
Village or City fear Cicellan	NoSt., W:
Length of residence in city or town where death occurredyrsm	If death occurred in a horpital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?mosmos
2. FULL NAME Wellie Vine & 9 -	to the song in o. s. in or roteign biltingyrsyrs
for contra	1
(2) Residence: No. / (Usual place of abode)	St.,Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Of 9 193 3
6a. If married, widowed, or divorced HUSBAND of	(Month) (Qay) (Year)
(or) WIFE of War Throng	22.   HEREBY CERTIFY, That I attended deceased for
The spring fruit	5 Dept 29, 19 33, to len 9, 19 3
DATE OF BIRTH (month, day, and year) Wifar 3 1862	I last saw h_ alive on Q 19 32; death is
AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
72 7 6 ormin.	were as follows:
8. Trade, profession, or particular kind of work done as SPINNER	Date of on
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Armen Spenjang	Cerebral Hemmiliae 111
9. Industry or business in which work was done, as SILK MILL,	The state of the s
SAW MILL, BANK, etc.	-
spant in this //	w.
year) occupation My	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town) / Lung Co	- Care Control of this portaine.
(State or country)	
13. NAME Richard & Prasin	
14. BIRTHPLACE (city or town). Rest 6, Manyland	Name of operation
(State or country)	
15. MAIDEN NAME galelle E. Jones	
15. MAIOEN NAME 9 sabelle 6. Jones .  16. BIRTHPLACE (city or town) Virginia	23. If death was due to external causes (VIOLENCE) fill in also the following:
(State or country)	Accident, suicide, or homicide?, 19
7. INFORMANT Elizabeth Deshane	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
B. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Usin Cemetry Date DT 11, 19 33	
9. UNDERTAKER Mayin 1. Williams (Address) Chief Alina mag.	24. Was disease or injury in any way related to occupation of deceased?
0. FILED Oct 10, 1933 / Clowou Registrar.	(Signed) Lev. P. M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II	Example I	
The principal cause of death and related cause of importance were as follows:  Attack of epilepsy	Date of onset	The principal cause of death and related causes of importance were as follows:  Arteriosclerosis 4 1933
Run over by street car	1921	Chronic interstitial nephritis
Peritonitis	July 5,1927	Cerebral hemorrhage BUREAU.
Other contributory causes of importance:	25 4 4000	Other contributory causes of importance:
Gastroenteritis	May 1,1923	Gallstones
	The principal cause of death and related of importance were as follows:  Attack of epilepsy Run over by street car Peritonitis  Other contributory causes of importance	The principal cause of death and related of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis  Other contributory causes of importance

V. S. No. 1

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STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	<b>3</b>
County Cecel	Registration Dist, No. 72
Village or City Elpton	No. Union Tooptal st War
Length of residence in city or town where daath occurred	If death occurred in a hospital or institution, give its NAME instead of street and number)  os
2. FULL NAME Not named	Keefer
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE OR DIVORCED (write tha word)	21. DATE OF DEATH Oct /6 ,193 3 (Year)
5a. If married, widowad, or divorced HUSBAND of	
(or) WIFE of	22. HEREBY CERTIFY. That I attended deceased from 14 1983, to Oct 14 1933
6. DATE OF BIRTH (month, day, and year) Oct 16,1933	I last saw h aliva on, 19; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decased last worked at this occupation (month and this procupation (	Prolapse of cord at 10-16
SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) Elston (Stata or country) Macueland	Other Contributory Causes of importance:
13. NAME Prancis Kelfer  14. BIRTHPLACE (city or town) Prederich	Name of operation Date of
(State or country) maryland	What test confirmed diagnosis? Was thera an autopsy?
15. MAIDEN NAME Jane Hrage Portistable 16. BIRTHPLACE (city or town) Ellitore (Stata or country) Maryland	23. If death was due to axternal causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?, 19, 19
17. INFORMANT Trances My Reefer (Address)	(Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMITION OF REMOVAL Piaca Shifm Case Date Date 16, 1932	Mannar of Injury
19. UNDERTAKER Noundertaker - parents.	24. Was disease or injury In any way related to occupation of deceased?
20. FILED JAMES 1833 Je trunk truyer	(Signad) / Morrison M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		BECEINED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	<u> </u>
County QCL	Registration Dist. No. 90
Village or City - Jederichtsmi	No. St., Ward
Length of residence in city or town, where death occurredyrs,mo	If death occurred in a horpital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Still Born.	Kirk
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WtFE of	22. I HEREBY CERTIFY, That t attended deceased from
6. DATE OF BIRTH (month, day, and year) Oct, 19, 1933  7. AGE  Years  Months  Days  If LESS than  1 day,hrs.  ormin.	i last saw h alive on, to, 19; death is said to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  S. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spart in this occupation	Other Contributory Causes of importance of i
12. BIRTHPLACE (city or town) The State or country)	Mod
13. NAME J. January Tank  14. BIRTHPLACE (city or town) Tank  (State or country)	Name of operation Dato of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address) Hear attorner med	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
18. BURIAL, GREMATION, OF SEMOVAL Place Description Date Oct 20, 19 3	Manner of Injury
19. UNDERTAKER Frankling Colin Grandfutos (Address) Sungar Trial  20. FILED CC 20 , 1933	24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)
Registrar.	(Address) Taling May

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	1572
County Cecci	Registration Dist. No. 43
Village or City near Rusing Sun	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Marvin Edgas Murs	-leade
020 0 1	O) Wast
(a) Residence: No. R. F. D. V. Russella (Usual place of abode)	St., Ward
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OF RACE OR DIVORCED (write the word) Sungle	21. DATE OF DEATH October 13, 193 3. (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from 19
6. DATE OF BIRTH (month, day, and year) Cure 16 1933	I last saw h alive on to ath is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10. /2m.
/ 27   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trada profession or particular	mae formations of heart Date of onest
9. Industry or business in which work was done, as SILK MILL,	(baby returned from Johns Hopking
SAW MILL, BANK, etc	Baltimore, 10/01/33 a not impeated
this occupation (month and spant in this occupation year)	To lives
12. BIRTHPLACE (city or town) P.7D. 2 Rising Sum (State or country)	Dther Contributory Causes of importance:
13. NAME Burand E. Murduck	
14. BIRTHPLACE (city or town) Montgomery County	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Mary E. Boych  16. BIRTHPLACE (city or town) Buch aman County	23. If death was due to external causes (VIOL ENCE) fill in also the following:
0 16. BIRTHPLACE (city or town) Buch ana County	Accident, suicida, or homicide? Date of injury, 19
(Stata or country)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT Dernayd & Mundrick (Address) PD V Pising Sim, mod	Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury
Place Hakimell Data Och 16, 1933	Nature of injury
19. UNDERTAKER THE Service IV Layly  (Addiess) Kraling Sun Mr d	24. Was disease or injury in any way related to occupation of deceased?
20. FILES 0 6 1933 The Registrar.	(Signed) J. Nothing Frague Corongers (Address) all ton, Mid.
If store blanky are needed, addition State Registrar.	2411 N. Charles Street. Baltimore. Requesting 7) S. No. r.

Statement of occupation.-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

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- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FO	OR FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH state 1. PLACE OF DEAT OCCI item of plnods Registration Dist. No Village or City Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) 02 Length of residence in city or town where death occurred..... How long in U.S. If of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_ statement PHYSICIAN 2. FULL NAME RECORD. (a) Residence: No. Ward. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED. OR DIVORCED (write the word) CIL ul (Month) 5e. If married, widowed, or divorced HUSBAND of 22. REBY CERTIFY. That I ettended deceased from (or) WIFE of 田 certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE If LESS than proper Months Days to have occurred on the date stated above, et -The PRINCIPAL CAUSE OF DEATH and related causes of Importance or .... min. were as follows: Date of onset 8. Trede, profession, or particular kind of work done, as SPINNER, OCCUPATION SAWYER, BOOKKEEPER, etc ... back 9. Industry or business in which work was done, as SILK MILL, plnods may SAW MILL, BANK, etc .... 10. Date deceased last worked at 11. Total time (years)
spant in this this occupation (month and that year) \_\_\_\_\_ occupation \_. See instructions Other Coutributory Causes of Importance 12. BIRTHPLACE (city or town) (State or country supplied. terms, FATHER 13. NAME 14. BIRTHPLACE (city or town plain (State or country) carefully What test confirmed diagnosis?\_\_\_\_\_ Was there an auropsy?\_\_\_\_ MOTHER important. 23. If death was due to external causes (VIOLENCE) fill in also the following: DEATH 16. BIRTHPLACE (city or tow (State or country) Where did injury occur?... pe (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. plnods 17. INFORMANT very OF (Address) Manner of Injury -WRITE CAUSE mation LION (Address If so, specify Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDIN

MARGIN RESERVED

S. No.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Exact statement of OCCUPA.

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V. S. No. 1

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CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE OF	MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	WITHIN DERPORAT	<b>3</b>
County ( e)		Registration Dist. No.
Village or City Olblone	- Smd	No. St, Ward
Length of residence in city or town where death of		death occurred in a hospitafor institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? wrs ds.
2. FULL NAME	loone	
(a) Residence: No. Olbi	(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. S.	INGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Osy) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of		22. f HEREBY CERTIFY. Thet i attended deceesed from
The state of the s		, 19, to, 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than I dey, hrs. or. min.	t iest sew h elive on, 19; death is sald to heve occurred on the dete stated above, etm.  The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were es follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	, , , , , , , , , , , , , , , , , , , ,	Skillen at 18 who
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		
10. Date daceased last worked at this occupation (month and year)	ff. Total time (years) spent in this occupetion	
12. BIRTHPLACE (city or town) (State or country)	Low-md.	Other Contributory Causes of importance:
13. NAME (August ) 14. BIRTHPLACE (city or town)	iss. Posse	
f4. BIRTHPLACE (city or town)	mend	Name of operation
(Stete of country)	r)alaure.	Whet test confirmed diegnosis? Wes there en autopsy?
15. MAIDEN NAME (Correction)  16. BIRTHPLACE (city or town)  (State or country)	edoloro mo	23. If death wes due to external causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?
17. INFORMANT Parents (Address)	-	(Specify city or town, county and State) Specify whether Injory occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL		Manner of injury
Place Misluly De	te, 19	Nature of injury
19. UNOERTAKER (Address)		24. Wes disease or injury in any way related to occupation of deceased?
20. FILEO Cal 26 , 1933 for A	and Jayo	(Signed) . A. Me Kungtul M. D. (Address) Celtare Pond
/ If more blanks	are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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BURSAU V.B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
-1			

RECORD. Every item of infor-MATTE PLAINLY, WITH UNFADING INK—THIS IS A PERMANE Mation should be carefully supplied. AGE should be stated EXACTLY. MARGIN RESERVED FOR BINDING N. B.-WRITE PLAINLY,

V. S. No. 1

center of city near Please.  The sentence in city or town where described to the sentence of t	eath occurred yrs mos  with Pug  (Usual place of abode)	Registration Dist. No.  No.  St.,  f death occurred in a horpital or institution, give its NAME instead of street and number)  s
ull NAME Still b  a) Residence: No.  PERSONAL AND STATISTI	eath occurred yrs mos Pug  (Usual place of abode)	sds. How long in U.S. if of foreign birth?yrsmos
a) Residence: No. PERSONAL AND STATISTI		Ct Ward
PERSONAL AND STATISTI		Ct Word
		If nonresident give city or town and State
4 COLOR OR PACE	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ale white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 0 2 5 , 193 <sup>3</sup> (Month) (Day) (Yea
SBAND of		22. I HEREBY CERTIFY, That I attended deceased
OF BIRTH (month, day, and yeer)	2el 25-19)	I last saw ham alive on Oct 25 193 death is
Years Months	Days If LESS than 1 day, _ c hrs.	to have occurred on the date stated above, at // ''m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
SAWYER, BOOKKEEPER, etc		Atill birth
work wes done, es SILK MILL, SAW MILL, BANK, etc	11 Total time (many)	7 mos gestation
this occupation (month end	spant In this	,
	16. md	Other Contributory Causes of importance:
0 1 0	en Prof	Tremalure delivery
0.0	e ga	Name of operation Date of
(State or country)		What test confirmed diagnosis? Was thera an autopsy?
NAIDEN NAME Thelew L	onise Brown	23. If death was due to external causes (VIOLENCE) fill In also the following:
	-J	Accident, suicide, or homicide?, 19
RMANT Carl a. 4	ngh	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
AL, CREMATION, DR BEMOVAL	Date Det 26, 19.3.3	Menner of Injury
	-	24. Wes disease or injury In any way related to occupetion of deceased?
	Years Months  Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc  Industry or business in which work wes done, es SILK MILL, SAW MILL, BAIK, etc  Dato deceased last worked at this occupation (month end year)  "HPLACE (city or town)  State or country)  NAME Corl Oleyon  (State or country)  MAIDEN NAME Acceptable  BIRTHPLACE (city or town)  (State or country)  MAIDEN NAME Acceptable  BIRTHPLACE (city or town)  (State or country)  MAIDEN NAME Acceptable  BIRTHPLACE (city or town)  (State or country)  MAIDEN NAME Acceptable  BIRTHPLACE (city or town)  (State or country)  MAIDEN NAME Acceptable  BIRTHPLACE (city or town)  (State or country)  MAIDEN NAME Acceptable  BIRTHPLACE (city or town)  (State or country)  MAIDEN NAME Acceptable  BIRTHPLACE (city or town)  (State or country)  MAIDEN NAME Acceptable  BIRTHPLACE (city or town)  (State or country)  MAIDEN NAME Acceptable  BIRTHPLACE (city or town)  (State or country)  MAIDEN NAME Acceptable  BIRTHPLACE (city or town)  (State or country)  MAIDEN NAME Acceptable  BIRTHPLACE (city or town)  (State or country)  MAIDEN NAME Acceptable  BIRTHPLACE (city or town)  (State or country)	OF BIRTH (month, day, and yeer)  Years  Months  Days  If LESS than  1 day,hrs.  or

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Gallstones	May 1,1923	Gastroenteritis	1 year
			THAT THE

# STATE OF MARYLAND-CERTIFICATE OF DEATH

RECORD. Every item of infor-.. PHYSICIANS should state Exact statement of OCCUPA-

AGE should be stated EXACTLY.

MARGIN RESERVED FOR BINDING

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANE

mation should be carefully supplied.

	1. PLACE OF DEATH	
1	County Leas	Registration Dist. No. 9
1	Village or City Usin	No. St., Ward
1	Length of residence in city of town where death occurredyrs	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?mosds.
1	2. FULL NAME CANTUM MURILIANS	Roal
	(a) Residence: No. Surviva	St Ward.
	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
,	3/SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OB DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
	5a. If marriad, widowed for divorced HUSBAND of (or.) WIEE of MURY & COA	22.0 I HEREBY CERTIFY, That I attended deceased from
e.	6. DATE OF BIRTH (month, day, and year) 100.27,1842	Hast saw h elive on Oct, '4 19.33 death is said
certificate	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
rtif	9/10/7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	8. Trade, profession, or perticular kind of work done, as SPINNER THE MINISTER PROPERTY OF THE	General athermenta. 1023
k of	AWTER, BUUNNEEPER, etc.	Vicual atheromata 1923
back	9. Industry or business in which work was done, as SILK MILL, OWNED SAW MILL, BANK, etc. 10. Data deceased last, worked et this occupation works and the second in this occupation works and the second in this	
no	Spatt in ting	
instructions	year) occupation O	Other Cantributery Causes of importance:
ucti	12. BIRTHPLACE (city or town) (State or country)	a all of the total
ıstr	E 13. NAME Lames S. Rea	Cereman application 1917/3
	14. BIRTHPLACE (city or town)	Name of operation Mone Date of
See	(State or country)	What test confirmed diegnosis? None. Was there an au opsy?
nt.	15. MAIDEN NAME CINSMOWN	23. if death was due to external causes (VIOLENCE) fill in also the following:
important	0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Date of Injury19
mp	(State or country)	Where did injury occur? (Specify city or town, county and State)
	17. INFORMANT lara Larrel	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
very	(Address)  18. BURIAL CREMATION, OR REMOVAL  OLIVINATION OF REMOVAL	Manner of Injury None
IS IS	Con extinoling ham Date Oct 17, 1933	Nature of injury.
TION	19. UNDERTAKEN ELS A MILLERSON	24. Wes disease or injury in any way related to occupation of deceased?
T	(Address) (Infinite, Max.	If so, specify
T	20. FILED Oct 15 , 19 83 dannence 7 Sander	(Signed) L. Magraw, M. D.  (Andress) Lerryfille M.L.
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arterioselerosis Attack of epilepsu 1915 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10045
1. PLACE OF DEATH	
County Decil	Registration Dist. No. 95
Village or City Mr. Rissing Lew	ND. St. Ward
(lf	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Abellian & fle	kardem
(a) Residence: No	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male white Married	(Wonth) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. NHEREBY CERTIFY That I attended deceased from
Marg Cornerousson	10.7 1933 to CG 7 1933
6. DATE OF BIRTH (month, day, and year)	I last saw h AM alive on O'S + 1933; death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
5-3- 9 4 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of onset
SAWYER, BOOKKEEPER, etc.	Janay 11
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	1 10 10 199
SAW MILL, BANK, etc	myster 1/33
O 10. Date deceased last worked at this occupation (month and year)	A
	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)  (State or country)	181. and comments acres
	Colletela la mbien attal limb
Ŧ ,	Company survey and
4. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis?
H 7	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)  (State of country)	Accident, suicide, or homicide?
han E I I I I I I I I I I I I I I I I I I	Where did injury occur? (Specify city or town, county and State)
17. INFORMALITY CAR COMPANY (Address)	Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manage of Jajury
Place fattin sharbate day ( 1926	Manner of Injury
08/14	
19. UNDERTAKER (Address)	24. Was disease or Injury In any way related to accupation of deceased?
(h)-1- 2/6	If so, specify  (Signed) M D
20. FILED 19 Registrar.	(Address)
Contract Con	2411 N. Charles Street, Baltimore, Requesting V. S. No. 13
MMMARIEN 1-1-1/933	110. 27

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related eauses, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURBAU V.S.			
Other contributory eauses of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1 1		

ADDITIO	NAL SPACE FOR	FURTHER STAT	EMENTS BY	PHYSICIAN	
					1 2 2 1 4 1

STATE OF MARYLAND—CERTIFICATE OF DEATH infor-OCCUPA-1. PLACE OF DEATH jo plnous County Registration Dist. No. Elk mills (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of rasidence in all or town where death occurred How long in U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.. RECORD. (a) Residence: If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR 21. DATE OF DEATH OR DIVORCED (write the word) uncolvers (Day) 5a, If married, widowed, or divorced HUSBAND of CERTIFY. That I attended deceasad from (or) WIFE of 865 1 certificate. 7. AGE Yaars If LESS than Months Davs I day.\_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and ralated causes of importance or .... min. Date of onset 8. Trada, profession, or particular THIS OCCUPATION kind of work dona, as SPINNER. SAWYER, BOOKKEEPER, etc.. 9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc..... may back should Date daceasad last worked at 6 + 29 11. Total time (yaars) spent in this occupation ..... instructions (State or country) supplied. FATHER 14. BIRTHPLACE (city or town Nama of oparation\_ plain (State or country) carefully What tast confirmad diagnosis?\_ MOTHER important. 15. MAIDEN NAME 7 23. If death was due to external causes (VIDL ENCE) fill in also the following: in DEATH Accidant, suicide, or homicide? ...... Date of injury -WRITE PLAINLY, (State or country pe Whara did injury occur?. (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. plnods OF ] (Address) Manner of injury CAUSE mation Nature of injury\_ LION 24. Was disaase or injury in any way 19. UNDERTAKER (Address) Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDIN

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of importance were as Arteriosclerosis	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
	2		Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	1 NOV 8 1933	July 5, 1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory ca			Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

Date of enset

# OCCUPA. should item Jo PHYSICIAN 1 properly may that

BINDIN

RESERVED

MARGIN

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County CECIL Registration Dist. No. (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred. How long in U.S. if of foreign birth?\_\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds. (a) Residence: No. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX SINGLE, MARRIED, WIDOWED 21. DATE OF DEATH (Month) 5h If merried, widowed or divorced 22. I HEREBY CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (wonth, day, and year) 7. AGE Years If LESS than to have occurred on the date stated above. I day, ..... hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance . min. 8. Trade, profession, or particular CUPATION kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc ..... 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc .... 10. Date deceased last worked at 10 11. Total time (years) this occupation (month and spent in this occupation ... 12. BIRTHPLACE (city or town) (State or country) in plain terms, FATHER 13. NAME See 14. BIRTHPLACE (city or town Name of operation. (State or country) carefully Was there an au'opsy?. MOTHER 15. MAIDEN NAME 23. If deeth was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?\_\_\_\_\_ Date of injury\_\_\_\_\_ DEATH import 16. BIRTHPLACE (city or town) (Stete or country) Where did injury occur? \_\_\_\_. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnoys 17. INFORMANT CAUSE OF (Address) 18. BURIAL, CREMATION, OR REMOVAL --- 1933 Manner of injury LION Nature of injury\_\_\_ 24. Was disease or injury in any way releted to occupation of deceased 19. UNDERTAKER (Address) If so, specify (Signed) Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I  The principal cause of death and related causes of importance were as follows:			Example II			
			The principal cause of death and related causes of importance were as follows:			
Arteriosclerosis		1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1.8.	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	1 A D W	July 5,1927	Peritonitis	3 days ago		
	1 52 1933	ave.				
Other contributory causes of	f importance:	10	Other contributory causes of importance:			
Gallstones	1.4.4.4	May 1,1923	Gastroenteritis	1 year		
		we what here				

* 1 1	

PHYSICIANS should state Exact statement of OCCUPA-

N. B.

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1	A	9.3	1	8
1	U	U	4	()

County Cecil  Village or City New Elklow  Length of rasidence in city or town whara death occurred yrs	Registration Dist. No.  No.  St., Ward  (If death occurred in a horpital or institution, give its NAME instead of street and number)  nos. ds. How long in U.S. if of foreign birth? yrs. mos. ds
Length of rasidenca in city or town whara daath occurredyrs	(If death occurred in a horpital or institution, give its NAME instead of street and number)
2 FILL NAME M	
2. FULL NAME	Bry.
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH O 2 26, 193 (Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended daceased from
6. DATE OF BIRTH (month, day, and year) Oct 26-33	I last saw h alive on Oct 26, 1933; death is said
7. AGE Years Months Days If LESS than 1 day, 9 h	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Dato deceased last worked at this occupation (mostly and program in this program in the program in this program in the program in the pro	3 mos. mocarriage
this occupation (month and spent in this occupation  12. BIRTHPLACE (city or town)  (State or county)	Other Contributary Causes of importance:
13. NAME Yalian R. Dfry 14. BIRTHPLACE (city or town) (State or country)	Nama of operation
15. MAIDEN NAME Serbie E. Edwarfor  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  R. Sfory (Address)	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIDLENCE) fill in also the following:  Accident, suicide, or homicide? Data of Injury , 19  Where did injury occur? (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATTON, OR REMOVAL Place Data 10/26, 195	Manner of Injury
19. UNDERTAKER Deals (Addrass) 20. FILED Col St., 1933 / Sanuls Bright Resistral.	24. Was diseasa or injury in any way related to occupation of dacaased?  If so, spacify  (Signed)  (Address)  (Address)  M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Ccrebral hemorrhage	July5,1927	Peritonitis	3 days ago		
40/ 8 78-2					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
MOA 5 7000				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PIIYSICIAN
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PHYSICIANS should state RECORD. Every item of infor-Exact statement of OCCUPA-AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANE See instructions on back of certificate. mation should be carefully supplied. TION is very important.

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	933
County aled	Registration Dist. No.
Village or City Resing & un	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth?
2. FULL NAME mary E. Way	
(a) Residence: No. Riskry Sun	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH /0 30 3
tende White manied	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of //	
HUSBAND of Colements D. Way	22. HEREBY CERTIFY, That I attended deceased from
2	10/8 9 33
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9 m
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
4 2 1 1 24 ormin.	were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Householder SAWYER, BOOKKEPER, etc.	
SAWYER, BOUNKEEPER, etc.	The of Carolina in the carolin
work was done, as SILK MILL, SAW MILL, BANK, etc.	mus funciani
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month, and spent in this	
year) occupation occupation	Other Contributary Causes of importance;
12. BIRTHPLACE (city or town) middletown	Other Countries of Importance.
(State or country) LOW	
13. NAME James Williams  14. BIRTHPLACE (city or town) middletown  (State or country)	
14. BIRTHPLACE (city or town) middletown	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME may 8 mason  16. BIRTHPLACE (city or town) Secultor	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
6 16. BIRTHPLACE (city or town) Secultor	Accident, suicide, or homicide? Date of injury, 19
▼ (State or country)	Where did injury occur?
17, INFORMANT Clement D. Way- (Address) Rising Sun Ind.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Mest Hatten glass Bate 1001 2 , 19.3.3	Nature of injury
10 HADEDTAKED & E. T.M.	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER F. G.; O Magnetic Md.	If so, specify
Mar 21 a 22	(Signad) / V led Divelsoon a up

Registrar. (Address) - Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
MON 40 1933				
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year	
Gatolones	May 1,1320	Chash detroi tree	1 year	

ADDITIONAL SP.	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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S. No. 1

BINDIN

FOR

RESERVED

MARGIN

(Address)

Registrar.

Ward

(Year)

Date of onset

. 19 3 3

Was there en autopsy?\_\_\_\_

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ogo
7. v. v.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 yeor

state

	(86-0)	
	Registration Dist. No.	-71
	No. Minon Hospital St. Ward	
	leath occurred in a hospital or institution, give its NAME instead of street and number)	
105.	ds. How long In U.S. if of foreign birth?yrsmosds.	
2	on Cicile	
	St., Ward was Systman, and State	
-	MEDICAL CERTIFICATE OF DEATH	
-	21. DATE OF DEATH	
	October nf 1933	
	(Month) (Day) (Year)	
	22. 1 HEREBY CERTIFY, That I attended deceased from 1933 to 24, 1933	
	I last saw h. alive on Leat 24, 193); death is said	
	to have occurred on the date stated above, et 1 0 30 Q m.	
S.	The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:	
	Date of onset	
	Comp. Fuclure y Slavel 1723/3	3
	and tracers of some 12312	
	·	
	Other Contributory Causes of importance:	
-		
	6	
	Name of operation Square Prince Date of	
	What test confirmed diagnosis? Was there an autopsy? Luc	
	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
	Accident, suicide, or homicide? Accident Data of injury 10/73, 1933	
0-	Where did injury occur? Sylman Mod.	
	(Specify city of town, county and State)	
	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
	It home of farm	
4	Manner of Injury fall down hay fall in barn	
3	Nature of Injury of fracture of skull	
	24. Was disease or injury in any way related to geoupation of deceased?	
	If so, specify	
_	(Signed) Deren milwell M. D.	
	(Address) ND Push Wd	
-	(nuuross)	

Registrar.

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		Sect 9 AON	
Other contributory causes of importance:		Other contributory causes of importance:	
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ADDITIONAL SPACE FOR FU	RTHER STATEMENTS	BY	PHYSICIAN
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